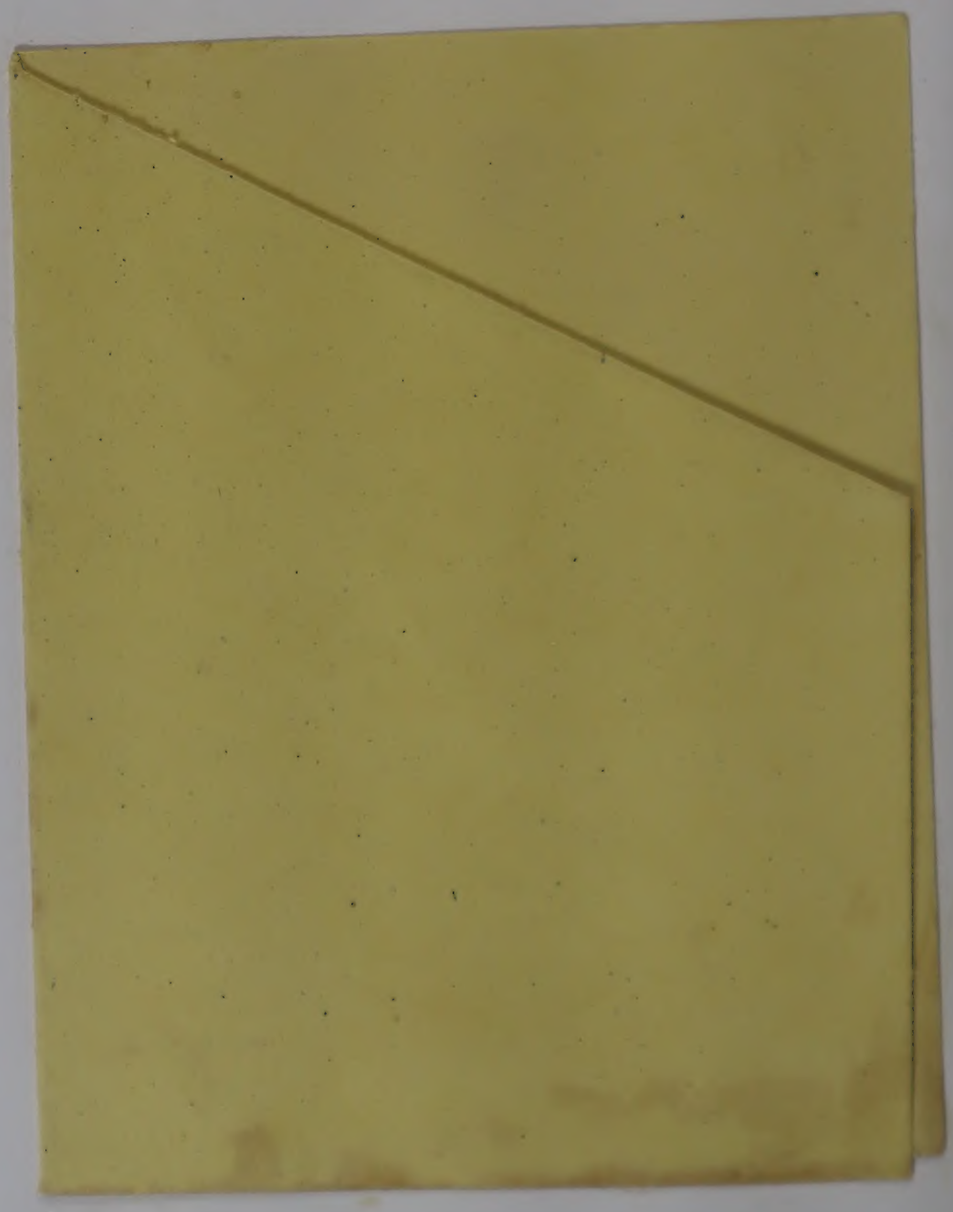
THE AFRICAN MIND IN CONTEMPORARY CONFLICT

Lecture delivered by
Professor T. Adeoye Lambo
on the occasion
of the Twenty-fourth World Health Assembly,
Geneva, May 1971

Reprinted from *WHO Chronicle*, Vol. 25, No. 8, pp. 343-353

JACQUES PARISOT FOUNDATION



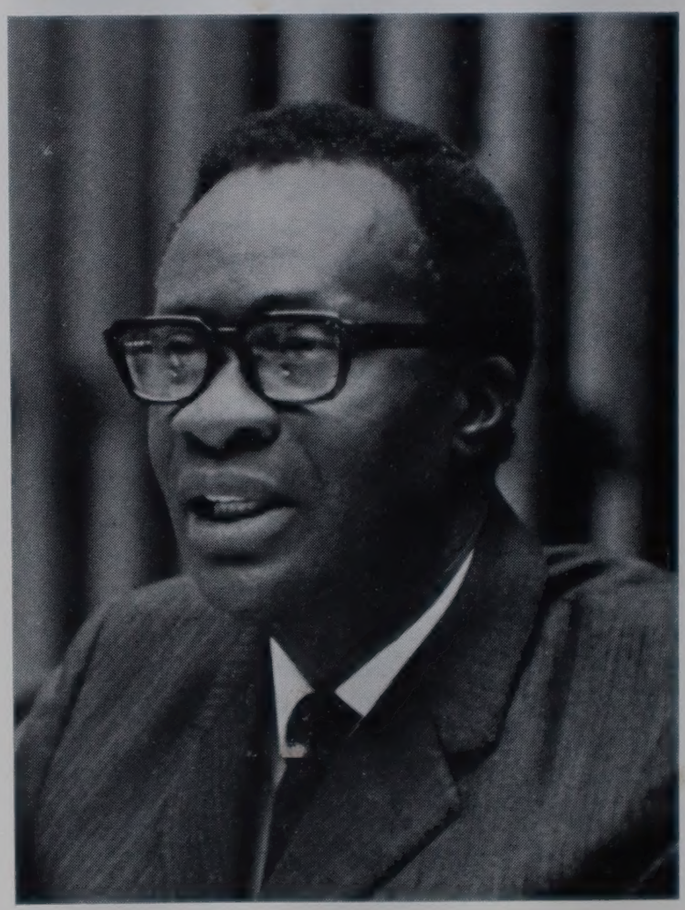
THE AFRICAN MIND IN CONTEMPORARY CONFLICT

The Jacques Parisot Foundation Lecture, 1971

by T. Adeoye Lambo

First of all, I should like to express my deep appreciation to the Jacques Parisot Foundation Committee for inviting me to give the third memorial lecture. It is with a sense of great pride and privilege that I follow in the footsteps of my predecessors, Professor René Dubos and the late Sir John Charles, whose achievements, philosophy, and great preoccupation with human needs in our time are well known to most of us. In the first and second lectures, which were distinguished by clarity of thought and expression, they both covered subjects of vast intricacy and importance.

Today, once again, we are commemorating the memory of one of the great pioneers of social medicine—a medical man of great international repute, a medical philosopher, and a man of action whose dedication, commitment, values, purpose, and allegiance were greater than national achievements or aspirations. He had the foresight and sensitivity which enabled him to identify and fight against the actual and potential social hazards that were beginning in his time to encroach on and undermine the vitality of man and the society in which he lived. He devoted a large part of his professional life to activities which were directed towards the general philosophy of freeing man from human suffering, especially incapacity of one form or another. His concept of public health transcended the narrow and classical view of the subject. He practised what I regard to be an enlarged concept of preventive medicine. He was endowed with great energy, vision, and capacity to innovate and create. His vocation could be viewed as a form of collective reality in which thinking should always be combined with action.



Professor T. Adeoye LAMBO

To perpetuate the memory of the late Professor Jacques Parisot, President of the Ninth World Health Assembly, Mme Parisot has established a Foundation, administered by the Director-General of WHO, to provide for special lectures on scientific subjects at World Health Assemblies. This is the text of the third of these lectures, which was delivered in Geneva on 12 May 1971, on the occasion of the Twenty-fourth World Health Assembly.

Professor T. A. Lambo is Vice-Chancellor of the University of Ibadan, Nigeria, where he was formerly Head of the Department of Psychiatry and Dean of the Faculty of Medicine. He has had a distinguished career in psychiatry and has been a member of the WHO Expert Advisory Panel on Mental Health since 1959.

It is in this light of the enlarged obligations of public health, especially social medicine, that I have chosen the subject of my lecture tonight. In reading the history of nations, we find that, like individuals, they have their whims and their peculiarities, their struggles, their seasons of excitement and recklessness, their religious feeling, their modes of thought and belief systems, their intellectual movements, their hopes, passions, and fears. In Africa, the demands for social reform, political independence, and new economic structures are producing a pattern of change that is too rapid and disruptive at some points, too slow at others.

From the point of view of our own work in Africa, the questions which are constantly recurring in my mind are: What can be done to minimize transitional stress, render less harmful and less traumatic the impact of social change, make people accept new standards, new norms—social, economic, political—, in the difficult phases of transition from tribal and traditional family controls to modern urban and industrial life and relations? Is it possible to make interaction between traditional norms and economic and social growth lead to mutually reinforcing trends rather than to irrepressible conflict? And, lastly, what changes in the attitudes and values of young people would be conducive to the desired institutional changes in Africa?

There is still in African civilization an intensely realized perception of supernatural presence, but it is accompanied by a kind of adolescent impetuousness and a fatuous, almost fanatical, faith in the magic power of certain symbols to produce certain results. In parts of Africa where traditional tribal customs still flourish in considerable strength, the style of life and modes of thought have become a great archetype, a centre around which congenial beliefs are formed, a first principle or measure of probability guiding the cultural susceptibility or predispositions of men in all their inquiries and dealings.

In contrast to this way of life, men in many advanced countries at the present time are so engrossed in their various occupations, in manufacturing superfluous goods, in buying and selling, in searching for affluence, in accumulating wealth, in altering their environment, in building for the future, and in rushing hither and thither, that they have no time left to wonder what it is all about.

Until recently there had existed an excuse for this failure on the part of so-called civilized man to inquire into the why and wherefore of his existence. The wave of prosperity that followed the Industrial Revolution, the triumphant progress of science, man's impressive conquest of the external world, etc. created an omnipotent feeling of optimism.

Man had always thought that he was marching forward to a glorious future, and to the Golden Age portrayed in some of H. G. Wells's earlier books. With the fate of man so assured, what need was there for him to interrupt his labours in order to inquire about himself? Speed was the keynote to success, and those who moved fastest and crammed most activities into each fleeting hour would arrive first. There was no time to think.

But disillusionment has come, and we begin to doubt whether material prosperity is necessarily synonymous with successful living. It has been observed that, in the world today, nations are confronted by the irony that greater national power and wealth are not accompanied by equivalent power to shape their destinies. There is no doubt that this preoccupation with affluence tends to destroy traditional cultures, or at least to transform them.

While some cultures appear more adaptable than others to the needs of industrial society, many others show selective resistance and susceptibility. Yet in all cases the modified cultures weaken dependencies of individuals on family, clan, shrine, and community, and it is this break in the affective bond which is at the root of the contemporary conflict agitating the mind of the African.

In this lecture emphasis has been specially laid on the impact of the western style of life, including technology, on the family "tradition" or "atmosphere", its interests and amusements, its resources for occupying and developing rather than repressing the growing mind, its social ideals and customs.

Societies in Africa south of the Sahara, as constituted at present (and indeed throughout their history), offer an extraordinary vari-

ety of socio-cultural, socio-psychological, and political forms. They have been active and passive recipients of many cultures and have therefore conducted a number of very diverse experiments in human institutions, including governments, and continue to do so by directing the process of nation-building along very different channels. Thus most of these societies constitute the most rewarding and extraordinary laboratory of human and social interactions.

It does not require any extraordinary expert knowledge to know that there are varying degrees of social discontinuity, alignments and splits, alliances and alienation, generating conflicts within families, individuals, and groups. It is therefore the purpose of this lecture to focus explicitly on what I can loosely term " man in tension " and " man in a twilight state ". In attempting to do this, it will be necessary to describe the way of African man: the specific moral tensions of the African, e.g., the African and modern social and religious ethics, the conflict between traditions and modern *mores*, his search for identity in an overwhelming state of flux and in a situation of changing patterns of life.

It is important to state here that there is no such thing as " African culture " or, therefore, an " African mind ". Even if we admit that human societies are never alone, the diversity of human cultures in Africa has been emphasized by competent Africanists. In spite of this diversity, there is no evidence to support the view that the social and cultural institutions of any given group are significantly different from those of the other African tribes. Only in this respect can we be permitted to speak of the " African mind ".

It is important to remember that the fundamental basis of African cultures attributes all values, categories of thought, and significant content of thought to the group. Because of the nature of this cultural environment, intellectual and affective factors are closely interwoven (a form of autoplastic adaptation), but the affective sector predominates and it overshadows the African's life: he does not interpret reality in relation to the temporal environment but in terms of the relations of men to other men, and of men to the supernatural.

The African still lives in an age in which all intellectual and imaginative conceptions are coloured by emotional associations; in which the minds of men are enslaved by the power of tradition. It remains an age in which the atmosphere is still dense and charged with supernaturalism; the demand for deep emotional fulfilments is almost boundless, and the supply is equal to the demand. An age in which there is no real repression of the affective life, no shutting out of all direct and warm relationships with persons and things. The affective awareness of other human beings is a remarkable quality of mind possessed by the African.

The major conflict that inevitably ensues in an attempt to understand the African mind illustrates the unfortunate effect of the moral arrogance of nineteenth- and twentieth-century Europe in setting up its civilizations as the standard by which all other civilizations are to be measured. Any such approach results in a tacit application of European standards to the whole world as in the case of H. G. Wells, the characteristic Anglo-Saxon counterpart to the German Romantic, Spengler.

The early missionaries, explorers, and others ridiculed, criticized, and humiliated our cultural heritage. Thus our religions were primitive, our art was immoral, our dances were sensual and not respectable, the entire institutional structure was almost unthinkable. This led to a ritualistic admiration of western culture. I should like to make it clear that I am, however, not seeking an unqualified preservation of our traditional cultures and institutions in a static sense—with the onslaught of change, with the diffusion of techniques and ideas, there is bound to be some confrontation, some degree of discontinuity, and the evolution of new social ideals and new ways of life.

Africa has a rate of progress (political, social, and economic) almost unparalleled in history and shows a remarkable and almost bewilderingly complex diversity of ethnic groupings, cultures, and potential resources. In the phenomenal task of telescoping centuries of the social and economic progress of advanced countries to achieve a near-miracle

of transformation from a subsistence to a market economy, from traditional to new social and political norms, the needs (especially in social and mental welfare) of the individual are inadequately met, poorly planned, and of low priority. Fortunately it is now the practice of all countries with an enlightened health policy to pay due regard to mental as well as to physical needs.

Western medicine, as it is known and taught today, is largely concerned with disease in the civilized white man, and its importation into Africa in its present form is ill suited to the problems of the present or the future. However, western medicine during the past few decades has to its credit a remarkable development of insight into many problems, including infectious diseases and disorders of metabolism.

Investigators concentrated upon certain mechanisms, upon special organs and systems, to good purpose. The patient himself was provisionally ignored; he was merely the incidental battlefield of a bacteriological conflict, or the irrelevant container of fascinating biochemical processes. The prestige of discoveries made along these lines encouraged the injudicious to formulate practically all ailments, even the psychoneuroses, in terms of internal medicine, with no reference to the integrative levels of the instincts, the emotions, the personality, and the ecology.

It required the psychoneuroses of wartime, the " war neuroses ", to bring home to the internist the fact that the phenomena of human sickness cannot be reduced to the simple terms of the biochemical or bacteriological laboratories. The study of the patient himself and his environment has acquired a new respectability. The physician with satisfactory training no longer catalogues symptoms or thinks in terms of disease entities, but considers his problem to be the maladaptation of the individual in the light of his entire life situation.

From the point of view of the study of the individual, this has meant a systematic analysis of his constitutional make-up, of the influence of early experiences, of his attitudes towards the major issues of life, of the special stress and strain of his life situation—domestic, social, and industrial—as well as a study of his component organs and systems. From the point of view of treatment, it has meant a consideration of the influences which modify emotional values, remove undesirable inhibitions, stimulate and develop latent sources of power. From the point of view of social medicine, it means the introduction into the field of preventive medicine of those factors which curative medicine had for so long neglected.

There are many sinister social influences other than micro-organisms which may threaten our health and erode the matrix of the society which we live in. We may suffer because of prenatal infections, social hazards, faults in our diet and upbringing, or general physical and emotional inadequacy before the major disturbances which have to be faced in our course from the cradle to the grave. In the past, these factors could only be identified and incriminated after the sufferer had succumbed, or when a case came to the notice of a paediatrician, a microbiologist, or a psychiatrist. Now we all believe that they should be recognized much earlier and be prevented before doing much harm.

A well-designed programme of preventive medicine in many fields, involving the social sciences and mental health, is urgently needed in order to obviate the necessity of building expensive institutions for curative purposes. Like all advances in any science, mental health advances take time before they have any identifiable impact on a broader field of scientific activity or, more importantly, on the practical affairs of society and individuals within the community. Many of the social hazards and psychological problems brought into being by rapid social change, especially by poorly planned industrialization and urbanization, are notoriously insidious in their development, often manifesting themselves after a latent period of years, and it is not improbable that some may not do so until the succeeding generation.

Communicable diseases, malnutrition, and hazards of the type associated with social change are probably the most formidable health problems of most of the developing countries in our time. In spite of

inadequate statistics, there exists a wealth of theoretical and practical knowledge on which to base concrete methods for their prevention and treatment; yet social and economic factors often make it almost impossible to translate existing scientific knowledge into effective control policies.

There would be fewer patients to treat if the influences menacing health in Africa were kept at bay by properly organized and integrated medical and health services, especially of a primary preventive type such as antenatal care and infant welfare services, by satisfied families, contented workers, and an educational system geared to the needs of the people and taking into consideration the peculiarities of local conditions. The health services in developing countries, therefore, have to extend their range into the field of general bodily and mental welfare in a more dynamic and meaningful fashion than hitherto.

It must be the aim of our governments and organizers of health to ensure that each individual has the upbringing and career best suited both to his bodily and to his mental needs. This may be aiming rather high, but I am sure that leaders and policy-makers of your stature and international experience share this view of the enlarged obligations of health services. Cicely Williams, in one of her thought-provoking articles, writes: " The indices of health are not only rates of mortality and morbidity but also the incidence of violence, crime, alcoholism, delinquency, and inadequacy." She continues: " If the medical services in developing countries were more aware of their social functions, they would become more respected as instruments of social policy."

In the study of human problems it seems self-evident to say that all possible scientific knowledge should be brought to bear in any endeavour to understand all the factors involved, or to find a possible solution. Modern psychological investigation has led us to scrutinize afresh the various maladaptations of individuals in relation to society which are connoted by the words " rapid change " and " conflict ". Apart from those patent mental abnormalities which may or may not have an intimate relationship with some criminal action, psychiatry hitherto has not seriously regarded them as falling within its purview.

Psychiatrists in the future, nevertheless, must recognize that their interests and studies should not be limited by traditional boundaries and that the disciplines of the social sciences have much to offer them. This shift of orientation and growing emphasis on the mobilization of new community resources, especially for programmes of prevention, have been successfully utilized in Nigeria to ameliorate the adverse impact of social change on individuals and the community.

The most demonstrable and compelling characteristic of African societies today is rapid change. The societies are in transition and in a state of crisis or transitional stress. In addition to the familiar and predictable strains of urbanization and detribalization, there are factors of acculturation from within, generated by waves of nationalism. This major problem dominates our continent.

Within these societies there are: collision (and fusion in some cases) of two or more cultures; the disrupting effects of industrialization; the emotional and social insecurity and isolation of the individual who is transplanted from the rural to an urban environment; the assumption of new roles, for example by young politicians, with consequent erosion of the authority and power of the traditional elders. All this is coupled with the switch of moral and social values in the process of shedding off tribal life, thereby creating what may be termed existential frustration and an existential vacuum. But there can be little doubt, unfortunately, that the cultural mingling and imposed or forced acceptance found in Africa now and in the past can often be adverse to painless evolution and have brought in their train psychopathological upheavals and severe conflicts, only too familiar to some of us.

In the wake of exponential advances in technology, traditional social groups and communities, such as clans, with their social norms and continuity, have begun to break up or manifest signs of breaking up. In perhaps no other place has the impact of social change been felt so keenly as in the traditional societies of Africa.

In summarizing my earlier studies on the subject, I have tried to show how social changes, straining the adaptive mechanisms of individuals, could lead to emotional disturbances and, in severe cases, to mental illness. This was done by examining the relationship of selected variables, assumed to be stressful, to degrees of mental health impairment.

In ancient times it was the custom of the African peoples at periods of tribal distress, e.g., in a famine, drought, or epidemic, to offer an expiatory sacrifice to a tutelar animal. In many instances, the method was more complex. For example, a grand synod of tribal chiefs was called; then an animal was caught and killed; and finally, every man present ate a portion of its flesh. This was a form of sacrament since it was argued that it was a sort of self-deification, inasmuch as it directly increased the element of divine energy inherent in every man. In a word, it was a form of sacrament resorted to in supreme moments of distress or peril—a communion in which the sacrifice of a divine object imparted divinity to all that ate of it. The animal killed and eaten represented the tribal mascot which withdrew its protection before the tribe was exposed to the current catastrophe of epidemic of disease or famine.

In more recent times, detribalized Africans who have been divorced from this form of ritual have, under stress, reverted to some malignant forms of ritualistic observance. In 1960, I coined a clinical term " malignant anxiety " (in contrast to existential views of anxiety) to describe the essential features of an abnormal psychosocial condition after a close study of 129 subjects and a careful analysis of three major epidemics in Kenya, Nigeria, and the Congo. The cults or subcultural societies studied were the Odozi Obodo in Nigeria, the Leopard Men Society, also in Nigeria, the Poro Society of Sierra Leone, and the Mau Mau of Kenya, whose members, even in the middle of the twentieth century, appeared determined to assert and vindicate their ancient rights and privileges.

The Leopard Men of Nigeria was a secret and sub-human society, involved in savage sacraments, about which Cloete has written: " The witnesses—there were witnesses on some occasions—said they had never seen a man. They had seen a leopard, or a thing on two legs and they had run away to call for help. Even if they knew the murderer they would not say, not merely because of their fear of reprisals, but because, to the African, a man becomes the thing he says he is, even if he isn't, by an act of faith. . . "

Malignant anxiety has been found by us to have developed under the impact of social and emotional difficulties encountered by personalities psychologically ill-equipped to meet them: individuals whose coping capacities have failed. When adaptation to new and stressful life situations becomes difficult for the African, anxiety with aggressive behaviour is apt to occur, leading, in some instances, to crimes akin to ritual murder.

The psychological attitudes and phantasies underlying these ritual murders and other criminal acts have the same etiological basis as those of the benign tribal rituals of old. Here, I should like to allude to the well-known relationship between anxiety and aggression, resulting from unresolved conflict. As this is a rather complex psychodynamic problem requiring further exploration, a full discussion of it would be out of place here.

Here, too, I should like to allude very briefly to the interesting phenomenon of *le mythe du Mpaka-Fo* which has been so vividly described by a colleague of mine, Dr Louise Marx, in Madagascar. The phenomenon is associated with an acute castration-anxiety state which can only be relieved, warded off, or expiated by tearing out the heart of a young child and offering it to Mpaka-Fo. This sporadic psychosocial condition has led to a new form of ritual murder. The source of this myth is not known.

It is equally important to refer to an epidemic of mass hysteria in East Africa between 1962 and 1964. It began on 30 January 1962 at a mission-run girls' middle school at Kashasha village, 25 miles from Bukoba in what was then Tanganyika. In early November 1963, a similar epidemic was reported in Mbale, Uganda. Many of those affected ran about aimlessly and slept out of doors near the tombs of deceased family

members. They were agitated and exhausted by continuous hyperactivity.

Most of the victims were adolescent schoolgirls and schoolboys, though adult males were also involved. The onset was sudden with attacks of laughing and crying, which spread rapidly from person to person and disappeared as rapidly as they came. The Middle Ages in Europe produced several epidemics of mass hysteria, of which the dancing manias of Germany and Italy are the best known. These followed on the Black Death and are assumed to be a product of the dislocation of normal life caused by the plague.

In addition, the last two decades in Africa could be termed as years of great religious revival during which syncretic religions have multiplied and captivated the minds of many. This current phenomenon simulates similar phenomena that took place in the eighteenth and nineteenth centuries, for example in America. The last four decades in Africa constitute a period of religious ambivalence, during which many individuals went through a period of severe religious conflict. Christian religions were imposed, while the spiritual and moral ties with the age-old traditional African religions were cut long before the basic Christian doctrines were understood or accepted by individuals. In many African countries today there exist side by side traditional religious sanctuaries and Christian shrines, giving rise to a happy syncretism—a form of symbiosis in which both the pre-existing and the intrusive religion (e.g., Christianity) have been forced to give much, as well as surrender much.

The reality is that a genuinely homogeneous and stable society remains a fiction. Social change is almost a universal phenomenon but, in certain societies, inherent but tolerable instability may be exacerbated by the strains and pressures characteristic of our time. This phenomenon has always taken place with the same recurring demands on human adaptiveness and human capacity to fashion a new and living way of life from old and superseded ones. However, the question remains as to the proper balance between stability and change.

There is no doubt that, in the light of our experience in Africa in such a period of flux and vigorous adaptation, the social matrix of individual behaviour needs close study, especially in so far as this affords an object lesson in prevention. Some might be tempted to say we know enough already. For them it would be easy to make a case for large-scale intervention by the psychiatrist and others, so as to prevent psychopathic, delinquent, and other departures from normally acceptable behaviour.

In terms of mental health, one of our main research activities has been to study in detail the reactions of individuals in changing situations—whether African students subjected to alien educational systems, unstable migrant workers in the city, aging old ladies living for the first time in an African city, or illiterate but intelligent young traders trying to enter into the cosmopolitan economy in an African city—irrespective of whether the changes occurred spontaneously within the group or were due to outside influences. All the groups studied had one important factor in common, in that they had a rather tenuous relationship to the community in which they were functioning. In addition, they had all been, at least partially, divorced from their primary groups and institutions. There is no doubt that the population of these "marginal" individuals is on the increase. As M. J. Field has observed, the result is an almost pathological search for security.

The impersonality of the newly evolved institutions, their huge size, their complexity and rigidity and lack of adaptability tend to induce a feeling of helplessness and alienation from society.

Some observers, however, hold the view that modern African life gives enhanced scope for individualization, although it may be pervaded by anxiety and conflict. The view that this anxiety and conflict outweigh the advantages attributed to individualization is supported by Ellen Hellman:

> If there is any observation that can be made in the certainty that it is valid, it is the observation that there is an immense degree of individual variation in all aspects of African life. Instead of the old predictable relationship which limited freedom of and

necessity for choice, the African is today confronted by a host of unpredictable and unstructured relationships in his work and play, in his contacts with neighbours, with the police and other officials, with all the people who impinge on his life. He has infinitely greater freedom to act as he wishes, but this greater freedom puts a greater responsibility on him and leaves him, in many situations, helpless and not knowing what he should do. He is operating not in an inter-locking co-operative society, as was the tribe, but in a competitive society which puts a premium on individual advance and success.

The state of mind engendered in those most exposed to the stress of rapid social change, as characterized by formal Christianization, western education, and other major intrusions of the western style of life, would seem to be compounded of various feelings: complete lack of interest in, or lack of capacity to control, events on which well-being depends; overt human responses to change, including anxiety and fear; an extreme sense of insecurity, lack of purpose and direction; severe manifestations of depersonalization and derealization, including confusion of identity; conflicts generated by incompatible values characterized by the sense of social isolation, self-estrangement, or anomie so clearly delineated by Durkheim. This conclusion may not have the cast-iron rigour of a mathematical demonstration; but, at least, it shares that high degree of probability which is the utmost we can expect in any investigation of social and psychological data of this nature.

There are clinical grounds for assuming that the process of constrained acculturation can impinge harmfully upon individuals, causing more susceptibility to psychological ills than if they had remained members of a stable, highly stratified community with a traditional culture. In our clinical research among a sample of Nigerian students who broke down mentally during their courses of study in Great Britain between 1957 and 1958, we discovered, *inter alia*, that the symptoms of over 90% of the patients showed clear-cut evidence of African traditional beliefs in bewitchment and the supernatural. They regarded their dream life as objective reality, and the appearance in the dream of a dead relative took on a quality of reality with deep psychological significance.

It would seem, therefore, that in a conflict situation the newly acquired and highly differentiated social values, attitudes, and ideologies are more susceptible to " damage ", leaving the basic traditional beliefs and moral philosophy functionally overactive. I have referred to the deep psychological significance of the appearance of a dead relative in a dream. This plays a very significant part in African psychopathology. Malinowski recognized the institution of ancestor worship as a powerful determinant of African mental life when he stated that the power of ancestor worship lies in its deep association with the constitution of the African family, and it therefore often survives in its social and ethical aspects, even when on the surface it has been superseded by Christianity.

In 1950 I found that over 60% of the patient population of a large general hospital in Nigeria received " native treatment " in one form or another during the time they were being treated in the hospital. In psychiatric illness, the percentage has recently been found to be much higher.

This and other surveys would seem to show that indigenous African cultures (and Africans in transition) have not yet accepted western methods of treatment in their present forms, and Africans continue to seek help with a considerable degree of ambivalence but paradoxically with a degree of dependence and often a resigned despair that increase both the effectiveness and the difficulties of the physician to the point at which he may earn undue credit or undue blame.

In 1960 I quoted a series of case histories to illustrate the fact that the prevalence of magico-religious beliefs, witchcraft, and other highly potent traditional belief systems was not appreciably different among tradition-oriented non-westernized Africans on the one hand and urbanized western-educated Africans on the other. In fact the westernized Africans showed greater evidence of anxiety and conflict (i.e., persistent residual insecurity) than their non-westernized brothers in situations loaded with incompatible values.

At this point it should, however, be pointed out that social change *per se* does not increase mental illness or psychopathological behav-

iour in a predictable fashion. Likewise, a state of conflict is not an illness. What we call a conflict may also turn out to be an opportunity for growth and development, however severe the *impasse*. It may represent a state of indecision, an *impasse* resulting from a problem in an individual's life situation, which may disturb the state of equilibrium that he strives to maintain for himself through a constant series of adaptive manœuvres and characteristic problem-solving activities. This is in contrast to the phenomenon of stress, which is a burden or psychological load under which an individual survives or cracks.

Unfortunately stress has been used as an explanatory concept in most of our community studies in Nigeria without being closely defined. It has been used to cover, usually in a vague way, a variety of phenomena—stimuli, processes, perceptions, and their outcome. Thus, stress is assumed to have pathogenic potential, and this has been well documented by Hans Selye. Conflict, on the other hand, may have growth-promoting potential. W. I. Thomas, the social theorist, sees conflict or crisis as a catalyst that disturbs old habits, evokes new responses, and becomes a major factor in charting new developments.

Here it would seem permissible to recall that the existential theorists maintain a positive relationship between anxiety and creativity. One of their views is that readjustment of personality tensions is synonymous with creativity. Kierkegaard has said, " He therefore who has learnt rightly to be in dread has learnt the most important thing. If a man were a beast or an angel, he would not be able to be in dread. Since he is a synthesis he can be in dread, and the greater the dread, the greater the man."

It would therefore be wrong to suppose that every community in Africa or elsewhere which has been exposed to rapid social change experiences severe conflict manifesting itself in an increase in unrest, anxiety, illness, and deviant behaviour. In fact, one of the most striking features of the traditional cultures of Africa is their flexibility, adaptive mechanisms, and other built-in factors for maintaining a high degree of social symbiosis. In spite of his capacity to survive social and environmental hazards, man is still in need of a socio-cultural environment which is optimally conducive to his proper growth and effective functioning and freedom from crippling social tensions.

This phenomenon of promoting a happy syncretism has been referred to by many observers. Nadel has described how the Nupe of Northern Nigeria adjusted themselves to cultural heterogeneity by a process of social symbiosis. We have also found that many African cultures possess an inherent property of thriving in the midst of difficulties, of showing a capacity for positive and constructive growth under stress, for the spontaneous resolution of conflict, and for perfect mimicry of other cultures as a matter of expediency.

I refer to these characteristics in order to show that conflict-producing situations are not always adverse to the proper growth of the individual's mental health and also to show that, in these and other situations, our definition of social change is manifestly operational and our criteria of measurement of the influence of social change on the mental health of individuals betray our imperfect grasp of the problems involved. A comparison between the rural and urban findings in one of our research projects in Africa suggests that specific factors usually thought to be associated with stress are not stressful *per se*, but that when a factor is associated with stress it is also associated with impaired mental health.

It should by now be clear that, wherever societies exist and hold their own, it must be assumed that some viable equilibrium or symbiosis is achieved among all the determining factors, such as material and spiritual cultures, that these factors are interrelated in such a way as to make life both agreeable and fulfilling, and that the ill-considered alteration of any single factor, no matter how desirable it may seem from the standpoint of any culture, is likely to upset that equilibrium.

In this lecture I have attempted to diagnose the predicaments of the African in transition. In doing so, I have deliberately omitted some important areas, namely, the changing role of our women as a result of a new social and

economic order leading to their emancipation. This has naturally had its repercussions on the traditional education of the young, including child rearing, and on certain ideals, *mores*, and values which are frequently transmitted as a form of social inheritance by our women.

I have also omitted the whole area of the development of psychosocial disorders, which we have identified in our long-term study of the migrant industrial workers in Africa whose biggest medical and health problems are malnutrition, venereal disease, tuberculosis, and crippling neurosis. Most of these individuals come from the rural areas which continue to be deprived of adequate social services, including medical and health facilities. There is no doubt that any effort to raise standards of living and health in Africa must be concentrated on the rural communities.

I have not dealt with the irrelevance and inappropriateness of our contemporary educational systems as a possible source of insecurity and lack of self-realization of individuals. Within the last decade, the demand for education of all types has risen like a powerful tidal wave, smashing the traditional educational systems to pieces, and bringing new, though irrelevant, concepts to the fostering of a new generation.

Even if we assume that modern development or modernization is at variance with the cultures of Africa, it is essential, in the process of change, to retain certain fundamental values of these cultures and to transform and restructure others for the purpose of building the superstructure of a modern economy. In this respect I share Myrdal's view that " when traditional values are brought up to a higher, more articulate level, they are often found not to be in conflict with the modernization ideals . . . Indeed, for the most part, they either support these ideals, or, at least, remain neutral."

There are many models from outside Africa—the example of Japan, which is regarded as the world's most inventive, ingenious, and innovating industrial nation, is one that comes to mind immediately—, but we must define our own goals clearly: the material and spiritual comfort of man can be achieved. Africa has surrendered to too much in the past, including the indignity of human exploitation, and cannot afford to continue to do so. That it must change is inevitable. That it must develop at a rapid rate—economically, socially, and politically—without sacrificing its " Africanness " is a necessity for survival. It must also benefit from the experiences of the developed countries, which have not always been too happy and positive. Some, however, think that this experience has scant relevance to the problems of Africa. This seems to me a fallacy, proceeding from unsound premises and leading to a *reductio ad absurdum*.

The type of change I envisage can be achieved by a new system of education and planning which appreciates and takes into consideration our fundamental value system. Such an approach is central to the thinking of the French philosopher and educator Gaston Berger, who—resembling in this the late Professor Parisot—fifteen years ago devoted his energies to finding ways of dealing with the impact of science and technology on man and society. Concerned about the accelerating rate of technological, social, and cultural change, Berger formed the conviction that the preservation of human values in a world whose rapidly changing features were no longer susceptible to prediction demanded a transformation of a prevailing retrospective outlook into a prospective one. This, in my opinion, is the means whereby man's search for himself can be realized and he can attain the highest possible ideals.

Medicine is a powerful instrument of change, but the aims, objectives, and felt needs are different in different societies. There is a great need for developing alternative patterns of mental health care, and experiments can be cautiously tried, which may result, as in the case of Nigeria, in valuable innovations. In many African countries, the renovation of medical educational philosophy in order to enhance the institution of medicine as a positive instrument of change, and to promote the total well-being of man, is recognized as a necessity.

Another necessity is the search for a more refined and better designed strategy for the de-

velopment and control of the human environment. In the words of Sir Samuel Manuwa, " Our task is to go forward to search for those guide posts which will better enhance the contribution that our national health programmes could make to the promotion of mental health, in order to enable each and every one of us . . . to achieve the enjoyment of the highest attainable degree of health."

In my mind there is no organization better qualified and better equipped to attend to these human problems with expert understanding, to guide the transition and adaptations which must attend the introduction of modern technological, economic, and political ideas than the World Health Organization, acting in co-operation with its sister organizations. In such circumstances, the evolution of a new culture need not be painful, nor so far as we know, need it produce an increase in overt behavioural and severe mental disturbance. I am sure that the late Professor Jacques Parisot, with his great vision, energy, and commitment, would have been more than equal to the task we have set ourselves of seeking a long-term societal goal—that of identifying human needs and the ensuing right of man to satisfy them in our rapidly changing world, including the right of man to enjoy nature and the " rational husbandry of natural resources ".

During the next decade we shall witness a massive technological invasion of the African environment, but the immediate effect will be one of syncretic proliferation which may give a minimum guarantee for the individual's security and self-realization. But, in a world in which the upsurge of change is becoming even more powerful, the ability to foresee the future clearly becomes progressively more essential, and yet it is in just such a world that the inadequacy of conventional techniques of linear forecasting and extrapolation is most glaring.

Africa has alternatives and options. It is no longer necessary to reach truth only across a multitude of errors and obstacles, as forecast by Claude Bernard. Africa's development must be based upon a deep commitment to a profound value system, even to the exclusion of affluence. Only in this way can Africa make an important contribution to human civilization. It must retain its identity, its particularity, and its singularity. It is not inconceivable that our relative poverty in Africa may force us to have the courage to find ways and new methods of raising the standard of living of the African, of liberating him from the shackles of disease for creative work, without losing those fundamental human values that are so important for the dignity of man and for the progressive and positive development of his society. I believe that Africa's apparent disadvantages could be converted to a wealth of advantages, thereby becoming the source of its strength.

PRINTED IN SWITZERLAND